MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL N	9520	536
10	1000	220

FILING DATE

AFTER

APPLICANT(S)

CLAIMS

	AS F	ILED	AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER 1 AMENDMENT		
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	REV. 11/04)		- 7.								FMENT of CO	

1" AMENDMENT 2 MAMENDMENT EP. IND. DEP. IND. DEP.